



CITY OF MALDEN, MA
Human Resources Department

City Hall, 215 Pleasant Street, Room 501 · Malden, MA 02148
Phone: 781.397.7000 x2198 · Email: maldenhr@cityofmalden.org

Odelisa Macedo
HR Director

M.G.L. c.6, § 172 CORI REQUEST FORM

City of Malden is registered under the provisions of M.G.L. c.6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, or current licensees. As a prospective or current employee, subcontractor, volunteer, license applicant or current licensee, I understand that a CORI check will be submitted for my personal information to the DCJIS.

I hereby acknowledge and provide permission to City of Malden to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing City of Malden with written notice of my intent to withdraw consent to a CORI check.

I also understand, that City of Malden may conduct subsequent CORI checks within one year of the date this Form was signed by me.

By signing below (manual/handwritten/electronic), I provide my consent to a CORI check and affirm that the information provided is true and accurate.

Signature of CORI Subject

Date

* First Name: _____ Middle Initial: _____

* Last Name: _____ Suffix (*Jr., Sr., etc.*): _____

Former Last Name 1: _____

Former Last Name 2: _____

* Date of Birth (MM/DD/YYYY): _____ Place of Birth: _____

* Last **SIX** digits of Social Security Number: _____ -- _____ * Sex: _____

Father's Full Name: _____

Mother's Full Name: _____

Current Address

* Street Address: _____

Apt. # or Suite: _____ * City: _____ * State: _____ * Zip: _____

OFFICE USE ONLY

Verified by:

Print Name of Verifying Employee

Title

Signature of Verifying Employee

Date